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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/618,994
Filing Date	July 14, 2003
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	2848 US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 50855

Please change the correspondence address for the above-identified application to:

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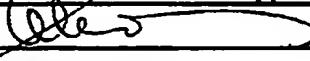
OR

<input type="checkbox"/> Firm or Individual Name	Mark Farber, Vice President, Intellectual Property				
Address	United States Surgical, a division of Tyco Healthcare Group LP 150 Glover Avenue				
City	Norwalk	State	CT	Zip	06856
Country	United States of America				
Telephone	(203) 845-1059	Fax	(203) 845-4266		

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Alan R. Carlton, Assistant Secretary		
Date	May 4, 2005	Telephone	(203) 845-1158

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

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